

Premium Administration, LLC

Getting Started

1. Gather the following:

- Tax ID number of the trust (if available)
- Copy of Irrevocable Trust document
- Copy of Life Insurance application and/or policy/policies
- Copy of checks written for initial premium (if new policy)
- Note past taxable gifts or credit shelter amounts, if any

2. Complete the New Client Information Form.

This step requires information from the trustor(s), trustee and beneficiaries. *It is very important the social security numbers, birthdates and current contact information is provided.*

- Completely fill blanks
- If necessary, attach additional sheets for additional beneficiary

3. Service Contract & Affirmations:

Trustee must initial all paragraphs on the service contract and sign.

Trustor(s) must initial all paragraphs on the Trustor Affirmation page.

4. Place all items gathered (step #1), completed (step #2), and signed/initialed (step #3) in the enclosed self addressed envelope and forward with a check for \$650 to:

Premium Administration, LLC
PO Box 4130
Scottsdale, AZ 85261

Once we receive your information it may take up to two weeks for initial processing. After the information and documents are reviewed, the trustor(s) and trustee will receive welcome letters. Included will be a copy of your contract with Premium Administration LLC and a database printout for verification of facts. The new trust/new client fee covers processing and collecting, if necessary, any documentation through this point.

Billing for the first round of Crummey notices or other activities will be done separately.

Premium Administration, LLC
New Client Information and Intake Review Form

Table of Contents

- Section I: Trust Information [the document itself]
Basic Data
- Section II: TRUSTOR Information [the person(s) creating the trust]
Basic Data: home/business address, advisors, dob, ssn
- Section III: TRUSTEE Information [the person managing the trust]
Basic Data: home/business address, relationship, dob, ssn
- Section IV: Beneficiary Information [persons named as
beneficiaries of gifts to the trust and trust proceeds]
Basic Data: home/business address, date of birth, etc.
You must complete one page for each beneficiary.
- There are enough pages for two beneficiaries.
If more than two beneficiaries, please copy enough
beneficiary forms to provide one for each beneficiary.
- Section V: Insurance Information [the policy(ies) owned by the trust]

Premium Administration, LLC

New Client Information and Intake Review Form

The information provided in these forms is used by Premium Administration LLC in carrying out duties to the trustee for the administration of the trust. It is important that the information be valid and current

SECTION I: TRUST INFORMATION

Please attach a signed copy of the trust.

Trust Name _____

Dated _____ **Tax ID (if known)** _____

Number of Beneficiaries ____ **Number of gifts made to trust per year?** ____

Have you:

- **made taxable gifts in the past?** _____
- **filed a gift tax return in the past?** _____
- **created a separate trust checking account?** _____

How did you hear about us? _____

Comments:

For Internal Use Only: Document Review: Sign and Date

<i>Trust Full Name</i>					
<i>Under Agreement Dated</i>		<i>Tax ID Number</i>			
<i>Drafting Attorney</i>		<i>Original Doc Loc</i>			
<i>Beneficiary Class Size</i>		<i>Right to Allocate?</i>		<i>Yes</i>	<i>No</i>
				<i>Allocation#</i>	
<i>Crummey Provision?</i>		<i>Days Notice #?</i>			
<i>5*5</i>	<i>Yes</i> <i>No</i>	<i>Hanging powers</i>	<i>Yes</i> <i>No</i>	<i>GSTT section?</i>	
				<i>Yes</i>	<i>No</i>
<i>Limits to Withdrawal Rights (annual exclusion, other):</i>					
<i>Initial Trustee</i>		<i>Trustee Succession</i>			
<i>Premium Payment Terms</i>		<i>Brokerage LOA</i>	<i>Endorsed Check</i>	<i>From Trust Ckg Acct</i>	<i>other</i>
<i>Specialty Trust (circle one)</i>		<i>Split Dollar</i>	<i>Modified Endowment</i>	<i>Buy Sell</i>	<i>Other (explain)</i>
<i>Grantor Trust</i>	<i>Yes</i> <i>No</i>	<i>Community Property Waiver?</i>		<i>Yes</i> <i>No</i>	
<i>Grantor Trust Language</i>		<i>Special Handling charges apply (special instructions) Yes No</i>			
<i>Comments and Special Instructions:</i> Ex: CC GRL to advisor, Crummey's sent certified, hold pre-sent premium payments, note if Community property waiver needed, multiple trusts, POA for beneficiary, 5*5 requirements, changes to standard GRL process etc.					

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION II: TRUSTOR INFORMATION

Trustor 1 First Name _____ Last Name _____

Birthdate _____ SSN _____ Email _____

Married: Yes ___ No ___ Spouse Name _____

Preferred Mailing address: Work _____ Home _____

Can we contact you via email? Yes ___ No ___

Home Address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Employer _____ Title _____

Employer address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

I have more than one trust with Premium Administration, LLC.

* * * * *

Trustor 2 (if applicable) First Name _____ Last Name _____

Birthdate _____ SSN _____ Email _____

Married: Yes ___ No ___ Spouse Name _____

Preferred Mailing address: Home _____ Work _____

Can we contact you via email? Yes ___ No ___

Home Address (if different) _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Employer _____ Title _____

Employer address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION II: TRUSTOR INFORMATION continued

This is optional information should you anticipate us working with the advisors directly.

Attorney: _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Cell () _____

Accountant: _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Cell () _____

CLU/CFP: _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Cell () _____

May we contact your advisors directly? Yes _____ No _____

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION III: TRUSTEE INFORMATION

First Name _____ Last Name _____

Birthdate _____ SSN _____ Email _____

What is the preferred mailing address? Home _____ Work _____

Home Address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Employer _____ Title _____

Employer address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Relationship to Trustor(s) _____

Date you became trustee? _____

Is Trustee a corporate entity: _____

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION IV: BENEFICIARY INFORMATION

Complete this form for each beneficiary of the trust

Beneficiary First Name _____ Last Name _____
Birthdate _____ SSN _____ Email _____

What is the preferred mailing address? Home _____ Work _____

Home Address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Employer (if applicable) _____ Title _____

Employer address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Relationship to Trustor (check one):

- Daughter
- Son
- Granddaughter
- Grandson
- Other (explain) _____

If the beneficiary is under 18, who will be the person (guardian or power of attorney) to sign on behalf of the minor?

Name _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone () _____ Fax () _____ Cell () _____

Relationship to beneficiary: _____

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION IV: BENEFICIARY INFORMATION

Complete this form for each beneficiary of the trust

Beneficiary First Name _____ Last Name _____
Birthdate _____ SSN _____ Email _____

What is the preferred mailing address? Home _____ Work _____

Home Address _____
City _____ State _____ Zip _____ - _____
Phone () _____ Fax () _____ Cell () _____

Employer (if applicable) _____ Title _____
Employer address _____
City _____ State _____ Zip _____ - _____
Phone () _____ Fax () _____ Cell () _____

Relationship to Trustor (check one):
 Daughter
 Son
 Granddaughter
 Grandson
 Other (explain) _____

If the beneficiary is under 18, who will be the person (guardian or power of attorney) to sign on behalf of the minor?

Name _____
Mailing Address _____
City _____ State _____ Zip _____ - _____
Phone () _____ Fax () _____ Cell () _____
Relationship to beneficiary: _____

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION V: INSURANCE INFORMATION

Complete this form for each policy owned by the trust.
Please attach a copy of each insurance policy and, if available, a copy of each insurance policy's application.

Insurance Policy #1

Insurance Company: _____ Anniversary Date: _____
 Policy Value: _____ Insured: _____
 Past Premium Payment \$ _____ per (circle one) month 3 months 6 months yearly

For Internal Use Only: Policy Reviewer: Sign and Date

<i>Policy Number</i>		<i>Issue Date</i>		<i>Policy Date</i>	
<i>Policy Type (circle one)</i>	Term	Whole	Blended	Universal	Variable Other
<i>Product Name</i>					
<i>Survivorship?</i>	Yes	No	<i>Insured(s)</i>		
<i>FV (Death Benefit)</i>			\$	<i>Intake Cash Value:</i>	
<i>Annual Premium Payment Amount:</i>			\$		
<i>Last Premium Payment Amount:</i>			\$		
<i>Future Payment Frequency (circle one)</i>		Annual	Semiannual	Quarterly	Monthly
<i>Premium amount future change? (ex: 2012)</i>					
<i>Grace Period? _____ days</i>				<i>Loan Provision Active?</i>	Yes No
<i>Policy Ownership verified</i>			<i>Policy Beneficiary verified</i>		
<i>Comments on policy:</i>					

Premium Administration, LLC
New Client Information and Intake Review Form

SECTION V: INSURANCE INFORMATION (cont.)

**Complete this form for each policy owned by the trust.
Please attach a copy of each insurance policy and, if available, a copy of each insurance policy's application.**

Insurance Policy #2

Insurance Company: _____ Anniversary Date: _____
 Policy Value: _____ Insured: _____
 Past Premium Payment \$ _____ per (circle one) month 3 months 6 months yearly

For Internal Use Only: Policy Reviewer: Sign and Date

<i>Policy Number</i>		<i>Issue Date</i>		<i>Policy Date</i>	
<i>Policy Type (circle one)</i>		Term	Whole	Blended	Universal
<i>Product Name</i>		Variable	Other		
<i>Survivorship?</i>	Yes	No	<i>Insured(s)</i>		
<i>FV (Death Benefit)</i>	\$			<i>Intake Cash Value:</i>	
<i>Annual Premium Payment Amount:</i>		\$			
<i>Last Premium Payment Amount:</i>		\$			
<i>Future Payment Frequency (circle one)</i>		Annual	Semiannual	Quarterly	Monthly
<i>Premium amount future change? (ex: 2012)</i>					
<i>Grace Period? _____ days</i>			<i>Loan Provision Active?</i>	Yes	No
<i>Policy Ownership verified</i>			<i>Policy Beneficiary verified</i>		
<i>Comments on policy:</i>					

Summary of Insurance Policy Information at account opening:

Total Policies owned:		How many are actively paid policies?	
Total FV (Death Benefit) of Policies:		Term/"Lapsable" policies?	
Is any one gift/premium > # beneficiaries * annual exclusion * # of trustors? (note in special instructions)			\$
Do any of the policies have an active Loan?		Y	N

Premium Administration, LLC

Service Contract

The **TRUSTEE** needs to initial each paragraph. If you have any questions on the service contract please call Premium Administration, LLC.

Trustee and Premium Administration, LLC, (hereinafter referred to as PA) hereby agree to the following:

In consideration and acceptance of the fee schedule as published and subject to change, Trustee hires PA **as agent** to perform solely those services listed in this service contract and fee schedule. initial: _____

Trustee understands and agrees that neither PA, nor its officers, agents, or employees, accept any fiduciary duties of the Trustee. initial: _____

Trustee hereby indemnifies and agrees to hold harmless PA from any fiduciary responsibilities including but not limited to choice of insurance carrier, insurance contract type, amount, and terms, and insurance policy investment returns. PA is specifically excluded from any duties relating to financial, tax, or estate planning on behalf of Trustee, insured, or trust beneficiaries. initial: _____

PA serves solely as an agent of Trustee, and derives all duties from decisions and instructions of the Trustee. initial: _____

In the event of death of an insured, Trustee is responsible for collecting policy proceeds. PA's duties end upon and concurrent with the death of the insured(s). initial: _____

PA does not provide any express or implied warranty or guarantee on behalf of the trustor(s), trustee, beneficiaries, insurance or other products. initial: _____

In the event of service dispute, all parties agree to binding arbitration proceedings. initial: _____

PA will hold premium notices for 14 calendar days. If no monies for payment of premiums are received by PA within the 14 day period, PA may forward premium notices and cancellation notice to trustee of PA services to the address of record. initial: _____

In the event of non-payment of fees to PA, PA may immediately relinquish all duties and documents to Trustee. initial: _____

This agreement may be voluntarily terminated by either party with 30 days written notification to the address below. initial: _____

It is trustee's duty to keep PA notified of all changes of address. PA will have satisfactorily performed notice requirements if sent to the address of record, unless specifically notified of change by trustee. initial: _____

PA may access insurance information over the internet. Information used to establish this access such as password or other verification information will be made available to all trustor(s) and trustees upon request. PA will limit internet access to only those insurance policies owned by trusts under administration. It is understood that any email associated with the insurance internet account will be monitored by PA. initial: _____

Signed:

Trustee Date

Of the _____ Trust, UAD _____

Premium Administration, LLC Date

Premium Administration, LLC

Trustor Affirmations

The **TRUSTOR(S)** needs to initial each paragraph. If you have any questions please call Premium Administration LLC (hereafter referred to as "PA").

I/we understand that PA accepts no fiduciary responsibility or duties with respect to the administration of this trust including, but not limited to, the assets owned by the trust, assets added to the trust, gifts to the trust, or decisions made by the trustee. initial: _____

I/we understand that PA is not aware of, nor responsible for, any estate, financial, or tax planning or reporting duties aside from those duties directly related to the administration of this trust. initial: _____

I/we indemnify and hold harmless PA for any fiduciary responsibility including, but not limited to, choice of insurance carrier, type or terms of insurance contract, investment of trust assets, or the amount of insurance held. initial: _____

I/we acknowledge that PA serves as an agent for the trustee of this trust, at the pleasure of the trustee. initial: _____

I/we acknowledge that PA does not provide any express or implied warranty or guarantee on behalf of the trustor, trustee, beneficiaries, insurance or other products, legal or tax counsel. initial: _____

I/we acknowledge that, in the event of death of the insured, PA duties cease immediately. Collection, administration and investment of policy proceeds is the responsibility of the acting trustee. initial: _____

I/we acknowledge that PA is not responsible for any information not included in this form. initial: _____

I/we acknowledge that, in the event of a service or contract dispute, all parties agree to binding arbitration proceedings. initial: _____

I/we acknowledge that, in the event of non payment of fees to PA or no gift action by trustor within 14 days following receipt of premium notices, PA may resign immediately by sending all information to trustee to their current address on file. initial: _____

I/we acknowledge that this agreement may be voluntarily terminated by either party with 30 days written notice to the other party. initial: _____

I/we acknowledge that PA may create internet access accounts to more effectively monitor and administer insurance policies held by the irrevocable trust under PA administration. initial: _____

Signed:

Trustor

Date

Trustor

Date

Of the _____ Trust, UAD _____

Premium Administration, LLC

Fee Schedule

Administrative assistance for the ILIT trustee.

Services include:

- Gift reminder notices to trustor(s)
- Proper gifting process documentation
- Draft and send Crummey notifications
- Premium payment and receipt,
- Ongoing policy monitoring
- Inform trustees and trustor(s) of trust activities requiring their attention
- Trust Document Safekeeping (when originals delivered to Premium Administration, LLC)
- Q&A information source for trustees and trustor(s)
- Assistance with adding and changing policies

Fees

Account opening fee for a new trust: \$650

- Collect/Review/Input Documentation
- Review the Irrevocable Trust Agreement
- Review insurance policies
- Set up the beneficiary, trustor(s) and trustee data in our database

At account opening additional charges for Crummey notices or other work needed may apply.

50% discount on the first gift activity fee for a new account.

Gift activity fee: \$350 minimum

Premium Administration, LLC invoices per gift activity. The activity fee starts at \$350 and changes depending upon the complexity of the trust, number of beneficiaries and the amount and type of trust assets.

For example, one non-complex trust, with a single policy (face value less than \$3 million), up to 3 trust beneficiaries, and no special handling, the fee per gift is \$350.

Special discounts may apply for multiple trusts.

Please contact us for an estimate specific to your situation.

Other fees include:

- | | |
|--|----------|
| - Minimum gift activity fee | \$350 |
| - Support to add or change a policy in the trust | \$250 |
| - Special work projects/special handling | \$150/hr |
| - Expediting fee | \$150 |

Premium Administration, LLC

Privacy Policy

Premium Administration, LLC regularly collects information for legitimate business purposes and our Privacy Policy states that we “do not sell or share customer information to or with anyone, internally or externally, for any other purpose other than was originally intended when the customer established his or her account.”

It is our commitment to always meet the highest legal and ethical standards in the conduct of our business. We will always work to meet both the letter and the intent of the law in all matters surrounding customer privacy issues.

During our relationship with you, we have and will continue to gather information considered “nonpublic”, but which is required for us to fulfill our duties. All information we collect about you and your account is deemed confidential and will not be disclosed except under the following circumstances:

- We may disclose personal information in those special circumstances where we believe that its disclosure is required, or permitted, by law, such as complying with legal subpoenas, or requests by taxing authorities or fiduciaries, current or future, of the accounts we administer.
- The information is required to complete a transaction for the account or on behalf of the account fiduciary.

Other than the exceptions shown above, we will not share your personal information with third parties unless you have specifically asked us to do so.